The State Society Meets in Wichita May 3, 4 and 5.

The Journal

OF

The Kansas Medical Society

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A20

THE COMING STATE MEETING.

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National Organizer of the American Medical Association.
Bowling Green, Kentucky.

It has been my privilege within the last four years—and I esteem it to have been a great one—to attend the meetings and to make a careful study of the proceeding and the methods of nearly all of the state societies in the United States. The meetings in some states were so interesting and profitable and in others so barren of practical results as to make the causes for this disparity an interesting subject for investigation, especially at the available material and personnel for the program usually seemed to be about equally abundant.

The success of these meetings is so important at the present stage of the organization work, and is so dependent on the forethought and efficiency of president, secretary, committee on scientific work, committee of arrangements, councilors and other officers, that it seems proper for me, in the light of an experience which has

not before been possible to any other person, to offer some suggestions for the consideration of those charged with such important duties during the transition from the old to the new plan of organization. As practically all but three of these societies are now operating under the uniform plan, my suggestions will be directed more especially to methods adapted to work under it.

The secretary, councilors and committee on scientific work should have begun the preparation for the next annual program from the adjournment of the last meeting. If they have kept in close touch with their county societies, through the abundant agencies provided in the by-laws, and have made these the active bodies and feeders they were intended to be, and have stimulated members to present their best work there, in the way of postgraduate and original investigations, as well as set papers and discussions, and have followed these up during the year, it will be largely a question of selection to get the best of these for their programs, revised and revamped as the result of the criticism to which they were subjected in the home society. These should be grouped into symposia, as far as practicable, and those who are to take part in the discussions should be prepared for crisp, brief and well digested talks, to be followed by free general discussion, strictly limited as to time and kept well in hand by the presiding officer and the "master of debate," selected from the committee on scientific work. This assistant to the secretary should be on the alert, constantly but unobtrusively, to see that those who are to take part in the discussions are in place and ready for the duties assigned them. Promising younger members who have been especially active in their county societies should be encouraged by being given places on the program for both papers and set discussions. A sharp lookout should be kept for such young men at all times in the proceedings of both the county and state meetings. *No one should ever be put on the program who failed from any cause except illness to fill any part assigned to him at the last meeting*, and the rule should be given prominence on the printed program. Two ushers should be on hand constantly to see that members and visitors are seated, and especial attention should be given to such older members as are in the habit of grouping themselves together in the rear of the hall and disturbing the proceedings by loud conversation and other unseemly practices.

With such a program and arrangements, and freed from the time-consuming parliamentary and business discussions, and the duty of electing the officers, the general meeting can in the future devote its entire time to scientific work. Under a model program,

of which I have seen several in operation, the invocation, address of welcome and response should be followed by the first symposium within twenty minutes after the meeting has been called to order, and papers and discussions should follow from hour to hour and from day to day until the program has been completed without an intervening motion, unless it be some motion directly connected with the scientific work. A motion on any other subject should, of course, go to the house of delegates at once and without debate.

No exhibit should ever be permitted about the hall or its approaches, and the contracts should always require that they be closed during the hour of meeting. Nothing unethical should even be considered for the exhibit rooms, and probably nothing should be admitted which is not advertised in the JOURNAL.

The duties of the house of delegates are so well defined in the constitution and by-laws as to require little elaboration. Its program should be entirely distinct from that of the general meeting, following it in the same leaflet, for the information and guidance of all members. Its first meeting should be held in the afternoon of the day preceding that fixed for the general meeting. By holding an afternoon and evening session thus in advance its business may usually be so shaped as to enable delegates to attend nearly all of the scientific meetings. Its hall may be much smaller, but should have convenient rooms for committees and should be sufficiently remote from the hall assigned to the general meeting to prevent interruption, should it be necessary, for any reason, for both bodies to be in session at the same time. The importance of these details should be impressed on the committee of arrangements long in advance, as much of the comfort and success of the session will depend on the attention given to them.

At least one session should be devoted to the discussion of the status and enforcement of the medical and health laws of the state. The state board of health and the state board of medical examiners, or delegates from these bodies, should be invited to be present and take part in these discussions, with the view of securing the harmony and concert of action so essential in procuring and enforcing proper legislation. Through the delegates, detailed reports should be heard as to the condition and needs of the profession in each county, supplemented by suggestions and recommendations from the councilor of the district. To do all these things, in addition to the manifold other duties imposed by the by-laws, it may sometimes be necessary for the house to sit on the second or third day

while the general meeting is in session, but this should be avoided if possible, even if it is necessary to remain in session for a day after the larger meeting has adjourned. As this body will grow in importance and occupy more and more time as the methods for the enforcement of medical and health laws are perfected, no one should accept the office of delegate who will not devote himself to the work set for him and remain each year until it is completed.

Meetings conducted on the plans here outlined are pleasant and successful almost beyond the conception of those who are only familiar with the methods of the old societies. As soon as the possibilities within reach under them are fully realized they will attract the attention and command the respect of all those interested in scientific medicine in every state, and give satisfaction to all except the few politicians and senior wranglers who could talk endlessly on parliamentary or business questions under the old regime, without effort or preparation.—*Journal A. M. A.*

THE WICHITA MEETING

The meeting will be held in Hartman's new dancing hall on the corner of Lawrence and Williams streets. This is a very fine large hall, 110 feet long, 50 feet wide and four adjacent rooms for other purposes. The local committee here has arranged for a smoker at the hall on Thursday evening.

Wednesday morning interesting surgical clinics will be given at both St. Francis and Wichita hospitals by the local surgeons between 9 a. m. and 12 m. In the afternoon on Wednesday we expect to have one of the most interesting features of the meeting, a general clinical exhibition of cases and short clinical talks which we think will be specially interesting to the general practitioner.

The committee has made application for one fare plus 50 cents but has not received a reply as yet. J. F. GSELL, *Chairman*

EMBRYOS—METHODS OF TREATMENT.*

IRVING HARDESTY, PH. D.
University of California.

[In view of the good advice given in the following extract, we present it to our readers in the hope that they will collect embryos

*From *Neurological Technique* by this author, published by the University of Chicago.

and send them to the one Kansas embryologist, Prof. C. E. McClung at Lawrence; who is even now conducting researches as to sex determination and the similar problems of embryology. If our readers will only interest themselves a little, Kansas may lead here as in other branches of science.—EDITOR.]

The most valuable embryonic material, and that most desired by neurologists, is that of the human subject. As yet our knowledge is badly deficient concerning many points in the development of the human embryo, and especially so concerning some of the early stages. This is due, of course, to the difficulty with which human material is obtained.

Opportunities to obtain human embryos are offered almost exclusively to the physicians, and quite often these opportunities are sadly neglected. Most often, perhaps, the material is not saved, either because the physician does not realize its value, or because he does not know how to treat it or is not prepared to do so.

Most of the fluids recommended in the books for the fixation of embryos contain ingredients which the physician not only does not usually have in his office, but which are not obtainable from the stock of the ordinary drug store.

The object of these suggestions, therefore, is not to give such fluids and procedure as are considered absolutely the best by the embryologists for the fixation and preservation of embryos, but to mention such efficient fixing fluids as the physician can easily obtain from his druggist or can quickly make up from his own stock of drugs, and which allow as much latitude as possible in the subsequent treatment for the preservation of the specimens.

It is presumable that every physician has, or can quickly obtain, the *bichloride of mercury*, *potassium bichlorate*, commercial *40 per cent. formaldehyde*, *chloroform*, *acetic acid*, strong commercial *alcohol* and *distilled water*. From these reagents he can make the following excellent and inexpensive fixing fluids:

A. *Van Gehuchten's fluid.*—

Strong alcohol (absolute preferably), 6 parts
Chloroform, 3 parts.
Acetic acid (glacial or concentrated), 1 part.

Use in tightly closed vessel.

After 6-24 hours of fixation in this fluid the specimen should be transferred to 80 per cent. alcohol, or commercial alcohol (95 per

cent.) to which has been added about one-fourth its volume of distilled water. In this it may remain indefinitely.

B. *Zenker'e fluid.*—

To each 100 cc. of distilled water
add 5 g. of mercuric bichloride,
5 cc. of acetic acid (glacial or conc.);
2 g. of potassium bichromate.

When first devised (1849), this fluid was made by dissolving 5 per cent. of mercuric bichloride and 5 per cent. of glacial acetic acid in the required amount of Muller's fluid (XI, A, p. 69). If Muller's fluid be had already made up, this will be the quickest way of making Zenker's fluid. The sodium sulphate called for in the formula for Muller's fluid is now considered unnecessary in Zenker's fluid but it does no harm. In other respects it will be seen that the mixture is the same.

Zenker's fluid has excellent penetrating powers, and therefore may be used with larger objects than expedient with Van Gehuchten's fluid. It is also one of the very best fixing agents for general histological purposes.

Several days in the fluid does not usually injure the tissue, but it is thought best to remove it after 12-24 hours. Wash in water and then with an iodine solution to remove the crystals and then preserve in 70 per cent. or 80 per cent. alcohol.

C. *Lavdowsky's mixture* (modified.)—

Distilled water, 40 volumes.
95 per cent. alcohol (com.), 50 volumes.
40 per cent. formaldehyde (com.), 10 volumes.
Acetic acid (glacial or conc.) 2 volumes.

It will be seen that this mixture consists of weak alcohol to which has been added 10 per cent. of formaldehyde and about 2 per cent. of acetic acid. The alcohol tends to counteract the swelling effects of the other two ingredients. The mixture penetrates and fixes well. Material may remain in it indefinitely, but it is thought better to transfer it to 70 per cent. alcohol after 24-48 hours. It needs no special preliminary washing.

D. *10 per cent. formalin.*

All of the above fluids keep well, and may be made up in quantity and kept in stock. Bottles containing them should have tightly fitting stoppers to prevent dilution by evaporation. It is recommended that either the fluids themselves or the reagents for making them be kept on hand, so that, when a specimen is obtained, it

may be subjected to the fixing fluid with as little delay as possible.

It is also advised that wide-mouthed bottles of various sizes be kept on hand. The ordinary 3 oz. quinine bottle will be found excellent for the smaller embryos, and fruit jars of ½ pint, 1 pint, and 1 quart sizes will do for the larger fœtuses.

REMOVAL AND FIXATION.

In case of the smaller embryos (3-5 mm. in length), carefully open the *chorion* before placing them in the fixing fluid. When the embryo is located, a portion of the *chorion* may be removed and openings made in the *amnion* so that the fluid may directly come in contact with the specimen.

If there is reason to believe the embryo is less than 2 mm. in length, it is necessary to proceed with much caution. Examine the specimen under a lens, either in its own fluid or in a watch-glass of pbysiological salt solution; and if there is reason to believe that the stage of the infolding of the blastoderm is not yet complete, place the whole specimen directly in the fixing fluid. In this case the specimen will be quite small.

If, on the other hand, the *chorion* with its *villi* seem to surround the specimen apparently forming a ciliated sphere, and still there is reason to believe that the embryo is less than 3 mm. in length, simply make small openings in the *chorion* to allow the free entrance of the fluid. Place the whole in a copious amount of the fixing fluid and change the fluid after 1-2 hours.

The smaller human embryos are the most difficult to obtain, and so are the most rare and most desired. So far the human embryos on record which have been obtained of lengths less than 2 mm. (less than 10 days) are very few.

Embryos of more than 5 mm. in length will safely allow both the *chorion* and the *amnion* to be removed. The *allantois* at this stage has become a part of the *umbilical cord*. In removing the *amnion*, leave the *umbilical cord* attached to the embryo, so that the embryo may be handled by means of it.

The length of an embryo, roughly speaking, is the length of a straight line passing through its longest axis. This measurement, therefore, does not include either of the flexed ends, although in the stages from 3 to 6 weeks considerable of the actual length is represented in the flexures. To measure the smaller embryos it will be safer to lay the embryo on the scale rather than the scale on the embryo. Measurement of the smallest should be postponed till after fixation.

Society Membership.—Of 23 physicians in Iola (in directory) 5 are in the state society. Ottawa has 17 physicians with 3 members. Parsons has 23 and but 2 members. Pittsburg has 29 with only 5 members.

Naval Medical Corps—There are 37 vacancies in the position of assistant surgeon in the navy. Kansas has at present no representative among the 200 medical officers of the navy. Assistant surgeons rank as lieutenants and receive $1496 per annum for shore duty and $1760 while at sea, with allowance of $228 for rent of quarters when such are not furnished by the government. Candidates for the position must be between 21 and 30 years of age. Candidates should write their congressmen for further information.

The New York Water Purifying Company seems to be working the physicians of our state for money to run their business. Two or three different men have mentioned the fact that circular letters have been sent them from Rochester, N. Y., together with a personal letter from an officer in one of our district societies who used the society stationery on which to recommend the water still. We hope that the investment is a good one. From the comments of Dr. M——— we believe that the last ones in will have a sorry time.

The University of Kansas medical school seems to be a reality. The present medical schools of Kansas City have generously recognized the fact that its coming was inevitable (that the day of the private medical school is past), and are joining hands with Chancellor Strong in working out the plans for a successful school at Rosedale. The outlook is favorable for beginning operations September 1905. The University will seek the services of every good man on the ground and where good instructors cannot be obtained from Kansas, men will be sought elsewhere.

The House of Delegates at the Wichita meeting will consist, so far as your editor can ascertain, of 35 members. (County officers should look over the list of county societies in this issue and note any additions or corrections). This small body (the house of delegates) ought to be able to expedite business matters and yet do nothing hastily. We hope that the house will not tinker with the constitution, but will use its great powers to redistrict the state and give the society a permanent business office and management. If in connection with the JOURNAL a missionary should be employed it might meet the needs portrayed by Dr. Shelley in another column. It will pay every reader to go to Wichita (May 3-5).

THE PHYSICIAN AS A BUSINESS MAN.*

J. T. AXTELL, M D.,
Newton, Kansas.

Unkind critics might wonder if a physician is ever a business man, and it is too true that most physicians are lacking in business ability. A practice is too apt to be conducted in anything but a business method. This is the season of the year for taking stock, making invoices, correcting faulty methods, and arranging better plans for the future; it might be well for physicians to look over their business methods, take and give hints for their mutual improvement.

Some one has classed the workers of the world as laborers, tradesmen and servants, to the latter class along with teachers, preachers, etc., belongs the physician. He depends upon the public to wish and to hire his services. He is limited on the one hand by the number who may wish to hire him and on the other hand, by the number he can serve in a given length of time.

Physicians are usually impressed with the belief that an appearance of great prosperity and the show of being extremely busy is an important method of increasing their business and income, and to a certain extent this is no doubt true, but it also has its drawbacks. A man may be a dead beat, and you may say he never pays his bills but this is not quite true. He pays some of his bills and he pays first those who ask him for money, or who insist upon having money when the service is rendered. He puts off those whom he can put off and often it is the one whom he thinks has plenty and does not need it who does without.

It is proverbial that doctors are poor collectors, the wish to appear prosperous sometimes leads a physican when asked for his bill by a patient to say "Oh, never mind that now, we'll fix that up some other time" or some such answer, this leads the patient to think it does not matter at all and the subject is dismissed from his mind with no definite time for payment fixed and the result often is that the doctor needs the money, may even have to borrow to meet his own business obligations to men having more business ability than himself. What the physician should do and what any business man would do is to fix then and there a settlement. This can be

*Read before the Golden Belt Medical Society at Hope, Kansas, Jan 5, 1905.

done without seeming to crowd the matter, but just as if it was your due and you naturally expected it. You should not fail to show your appreciation of his promptness, you do need the money, you can use it as you think to good advantage, and it is much better to let your patient know it.

In the matter of making your charge there is a right and a wrong way. When Mr. Brown says "Doctor, how much do I owe you for that call you made?" you should not in a hesitating and reluctant way say, "Well I guess I will have to charge you about five dollars for that call, it looks pretty big but the roads were bad, etc.," or some other excuse. In this way you simply invite him to question your bill. You would better simply say, "That will be five dollars, Mr. Brown. I hope everything will be all right now. Thank you, come and let me know how they are the next time you are in."

In this way you will usually have no question as to whether it is a big price or not. If he does question it you should be prepared to show him that it is your usual charge or the usual charge of the other doctors for a similar service. To this end it is all important that county societies should be organized where a committee may submit a list of the charges usually made and let the matter be thoroughly discussed at more than one meeting if necessary. Then let some one physician have printed a fee bill for himself, copies of which may be sold to the others at the cost of printing and let each one adopt for himself this fee bill and adhere to it This avoids the legal technicality of the trust laws and insures a more uniform rate for all. It is not a benefit to get the name of being a cheap doctor any more than it is to have the name of being an extortionist or money grabber, the one will bring you a poor class of patients and of cases, while the other makes you avoided except in emergencies. The public will have something to say as to the value of your services no matter what you may think. It is your business not only to make your services valuable, but you may help people to believe they are valuable. For instance you can show that your charge for saving a life is not greater than would have been the bill of the undertaker. Most people believe that a family physician receives much more than he really does. At the rates usually charged in the country the man who collects $3,000 in cash in one year is working harder than he will be able to work many years. He is about at the limit of human endurance, backed up by several good horses. His expenses for medicines, horses and buggies, new instruments and new books, and the style of living he must adopt will cut this down until he will have little or none left for investment. The doc-

tor who hires a livery horse, goes out five miles in the country and charges $3.00 for his trip will probably pay $1.50 for the use of the rig. He therefore puts his time, knowledge and skill on a par with a $40.00 livery horse.

It is an absolute fact that very few men have laid up any money out of a general practice in the last fifteen years. The man who has made any money has usually done it through outside business investments.

This leads us to consider what, if anything, a doctor can do outside of the practice of medicine and this is an extremely delicate subject. The people are very jealous of their doctors. They like a doctor to do nothing whatever but to attend them and if one can be satisfied with such a life doubtless it would be best. Certain it is that there is great danger of a physician dividing his time or attention.

Teachers seldom stick to their employment very many years and statistics show that only a small per cent of physicians who graduate are making a living practicing medicine.

It is also true that a man who succeeds at one kind of business will usually succeed at a number of other things. It is a mistake to think that a man can know but one thing. One becomes very narrow if his studies are all in one direction. On the other hand it is to be remembered that the literature on medical subjects has greatly increased in the last few years until one mind can scarcely cover every division of medicine and specialties are becoming more popular. This gives a chance for shorter hours at one kind of work and even a change of work brings rest. One must have some form of recreation if he wishes to live long and be happy. His successful working years will be short, younger men will soon take his place and he must lay up a competency for his old age and for his family.

His individual efforts are very limited and if he would accomplish much he must put his savings to work. Now with these limitations what can he do?

For obvious reasons lending your money to patients would be just the wrong thing to do. Many patients invest in drug stocks and this seems in line with one's work and may be all right, but experience in Kansas has shown that it little, if any more, than makes a living for the druggist and the tendency of the times is for the manufacturing chemist to take the place of the local druggist. You can buy almost any preparation you want cheaper than your local druggist can make it. My own experience and that of most

of my friends who have tried it is against owning a drug store. If you have sufficient help it is better to carry such drugs as you use in your office. This gives you the best part of your drug trade at much less expense.

Investments in land are safe but yield a small per cent of income. If you wish some recreation with your investment, nothing could be pleasanter than raising some kind of pure bred stock on a farm near your office as possible. Telephone connections allow you to reach your office in a few minutes for all important calls. An hour or two a day spent in this way in anything you are interested in, will improve your digestion, smooth the wrinkles from your brow, renew your youth and give the world a very different color to you. It is certainly preferable to spending the same amount of time in gossip, card playing or throwing horse shoes.

Its disadvantages are that it is an uncertain financial venture and if at all extensive makes you a shining mark for shysters. A surgeon should own nothing in his own name. He may keep himself insured but the insurance companies are chiefly trying to get up a policy which will not hold them liable. A man with the appearance of prosperity seldom gets justice before a jury with a miserable pauper nursing a grievance. The average juryman thinks it his duty to even things up a little without any reference to the merits of the case.

Investments in mining and oil stock show so small a per cent of success that it is like betting on the other man's game.

Probably the safest and least objectionable investment is life insurance. An old line company should be considered a savings bank where you can deposit your earnings and at the same time insure a competency for your family in case you, the bread winner, are taken away from them. More estates are left solvent by life insurance than by almost any other way. Your insurance is not taxed, it is not subject to mal-practice judgments, it is an unostentatious way of holding a competency without arousing the envy of competitors and becoming the mark of snitches. The percentage of loss through life insurance companies has been very small indeed.

Physicians themselves are no doubt largely to blame for the restrictions put upon them by their patients, and by insisting on having time for proper recreation would no doubt overcome in time the popular prejudice.

In the matter of dress we are already more like other men. The silk hat and Prince Albert coat are no longer sure signs of a physician or a gambler.

It is all very well to talk about not practising for the money that is in it and of giving one's life to the work, etc., but the average doctor has more than one life depending on him and the sooner the practice of medicine becomes a business the better for all concerned.

It is a mistake to think the doctor is in duty bound to attend every call whether there is any prospect of a fee or not. No business man does such a thing. It is making the doctor carry too large a share of the charity of this world. A man has no more right to demand your time and medicine when he is sick than he has to demand his groceries. No grocer feels in duty bound to empty his shelves to any dead beat that might take a fancy to him or them.

Public taxes should pay the doctor for pauper practice and this will be done just as soon as doctors by county organization demand it.

There are exists a large class of people who systematically work the doctors. They stay with one man until he is tired of working for nothing, then they move on to the next one and usually abuse the one just left. To our shame we must admit that they usually succeed in finding a new sucker whenever they wish. The remedy is a dead beat list in every county society. When a man has failed to make satisfactory settlement to any one or two doctors let his name be put on the list. Then every physician should say to such a man "your credit is not very good with the doctors, are you prepared to pay for this call or this medicine?" The result is he will pay.

Another error in business methods is in making the well-to-do pay the bills of the poor. In other words having one price to a rich man and another to a poor man. This is not done by any other business man and should not be by the doctor. A man should be told that his bill is so much. If for business reasons you think it more prudent to take part of the bill rather than lose the whole you may do so but give him to understand you are giving the balance.

One of the very worst business errors is try to build up your practice or reputation by running down your colleague. Nothing is surer to fail and to bring disaster than this. It is always money in your pocket to uphold every member of the profession. You are fouling your own nest and fighting against your own interest when you help in any way to injure another doctor. Closer social intercourse with the other doctors is the best cure for this trouble. You will find they are not so bad after all.

The relation of the family physician to his patients should be pre-eminently one of a true friend and adviser to the whole family. There should be no "ideals" and no bargainings and no haggling.

The family should know that you are working for its best interest financially as well as every other way. They should know that you would not take the slightest advantage of their ignorance of things which are plain to you and to the credit of the medical profession it may truly be said that seldom or never is the trust of a family ever betrayed by its physician.

Recapitulation:

1. Doctors are poor business men.
2. Few doctors accumulate much in a practice of medicine.
3. Doctors should not shoulder all the charity.
4. Their earnings may be made much greater by better business methods.
5. To accumulate a doctor must invest his earnings.
6. An appearance of wealth is to be avoided, especially by surgeons.
7. Farming and stock raising are more of a recreation than safe investments.
8. Life insurance is perhaps the safest investment.

THE NEED OF ORGANIZATION.

The petty strifes among physicians are proverbial and they cause more discomfort than perhaps even the greatest woes to which physicians are subject. They are more annoying than low fees and cut rates. It is right here in overcoming these annoyances that efficient organization ought to be of immense value. Now it has been the peculiar experience of the writer that the men who have been loudest in demanding "ethics" and who have sought (and frequently obtained) the presidency of our county societies are the very ones who are so filled with envy and malice that they become simple nuisances to the profession of their neighborhood. Some times such a "doctor" will even use the newspapers to vent his spite. We remember a case six months ago where a surgeon had operated (for other physicians and at their urgent request) on several moribund patients, and, of course, the patients died. His competitor could not forbear stating in the daily press that he "had lost no cases of appendicitis." Of course among the unthinking part of the laity the former surgeon suffered and the writer knows of one

or two patients who for this reputation refused to have him.

Again, in a recent typhoid epidemic where there were some twelve cases of the real thing, this same public spirited (?) individual proceeded to interview all the physicians in the town who had no typhoid and then the following appeared in a local paper:

"Within the past ten days there has prevailed a typhoid fever scare and owing to the fact that the majority of the cases have been among the students the news has spread to all parts of the state and has caused apprehension among the parents of the students who are writing for them to come home at once.

"Upon investigation it has been found that as many as nine of the physicians of the city who have fever cases, report no typhoid fever, and so far as learned there has been in no case a positive response to the Widal reaction. The fever which is prevalent the doctors say, is a remittent fever plus a bilious condition from which the patient usually recovers in from five to ten days. This same fever prevailed before and after the holidays but there was no scare or cause for alarm then and there should be none at this time."

Now the facts are that one patient died of the disease and four physicians had agreed on the diagnosis. Six others (and those in the practice of the man against whom the attack was specially aimed) had shown positive reaction to the the Widal test, and the others had been seen by enough physicians to insure the correctness of the diagnosis. The physicians who were doing the work were just as anxious as anybody to avoid a "scare," but believed that the San Francisco plague method was not the one best adapted to the case. The result of the activity of the aforementioned "leading physician" was that the men who had the typhoid were compelled to take the defensive in personal attacks, and the popular respect for the profession in that town was decidedly lessened—aside from any pecuniary loss to the physicians attacked.

We confess that we do not yet see clearly the solution of the problem. The millenium is not yet here and man is still unregenerate. The irritant member of the profession in the above cases will probably continue to practise medicine and maligning for many years as will his like in the other towns. Nevertheless we believe that organization will come nearer to remedying this evil than anything else, because it will bring physicians together and let the decent men know each other, it will set higher standards of conduct and education, and it will tend to eliminate from active practice the unworthy members of the profession. So let us take courage, meet our brothers half way, be "square," and seek to build up a professional organization which will gradually eradicate the evils.

John F. Lesh, M. D., died from heart disease at Seneca, Feb. 23. He graduated at the University of Pennsylvania in 1876.

Walter T. McCoy, M. D., was killed by a train near Partridge on Feb. 28. He was 48 years old having graduated in Baltimore in 1885.

A. M. A.—The following Kansans have joined the A. M. A.: A. G. Anderson, Salina; W. E. Bartlett, Belle Plaine; S. H. Brooks, Mound City; J. C. Klepinger, Herington; L. O. Nordstrom, Assaria; Frank Peat, Pratt.

Texas.—The profession lost out recently in Texas in their effort to secure the passage of a law which would be of some real benefit to the people. Nevertheless Dr. Daniel, the president of the state society, is going to keep up the fight and has called a mass meeting of the physicians to consider the matter.

Atchison County—A large and enthusiastic meeting of the Atchison county physicians and druggists was held on the evening of March 14. The proper relationship which the two professions should hold toward each other was thoroughly and candidly discussed, nearly every one taking part. Romanta Wells of Kansas City, the southwestern representative of the National Association of Retail Druggists, opened the discussion. Lunch, punch and cigars comprised the concluding feature of the evening.

"In several Instances, I have mistaken typhoid fever in its incipiency for appendicitis, and I have also seen the two conditions coexist.—Dr. Osler writes, 'as typhoid patients bear operation well, it is better to err in favor of surgery than to let valuable time be lost in waiting for further confirmatory evidence; and again, in doubtful cases give the patient the benefit of the doubt and operate.' "—Dr. Hugh M. Taylor in *The New York Medical Journal* for Feb. 25, 1905.

Imitation.—If anything would lead us to discard the imitations of antiphlogistine and use only the original (although it be higher in price) article, the little booklet just gotten out by the Denver Chemical Co., would do so. It is rich. Shakespeare and the poets do duty; his satanic majesty is also called upon; and then an address *ad hominem* is used. "There are those in the path of business life who bask their spotted skins in fortune's sun, and sting whom e'er they touch."

INJURIES TO THE EYE.*

J. W. MAY, M. D.,
Kansas City, Kansas.

In choosing this subject for a paper, I do so, not in the hope of advancing any new ideas, but to report one or two cases which to me were very interesting. Of all the affections of the eye with which the general practitioner has to deal (and this society is made up largely of this class of physicians) injuries to the eye are among the most common. There is nothing that will bring a patient to a physician quicker than an injury to or a foreign body in the eye. Except in cities, the general practitioner usually sees the case first, and to him is due, in a large measure, whether good or bad, the outcome of the case. I shall not take up your time discussing injuries to the eyelid which must be treated from a surgical standpoint. Injuries to the cornea are by far the most common affection, since it is nearly always exposed and of so delicate construction that it is easily wounded. The diagnosis of foreign bodies in the cornea is usually easily made, but in some cases it is very difficult and takes the most diligent search with the reflected light and ophthalmoscope to reveal its hiding place. This is especially true with small particles of steel which have become imbedded in the cornea and are so nearly the color of the pigment spots in the iris. I have no new method for removing foreign bodies, but take a rather blunt spud after cocainizing the eye and lift it out. This can be done if the particle is not imbedded. When it is imbedded, I use a decision cataract knife for their removal. This is a very small knife in a shape of a spear. I try to get the point of the knife under the foreign body and with the least destruction possible to the cornea lift it out.

After removal, I always try to sterilize the wound with bichloride solution, 1 to 5000, argyrol, 15 per cent, or some other antiseptic solution. It is always well to tell the patient that there is a depression where this particle was and the eye will feel rough until nature has healed it. I have had patients come to me in quite a number of instances, thinking the foreign body had not been removed, when, in truth, all that was there was a small depression. The cornea is very prone to infection; therefore, the instruments

*Read before the First District Society, Oct. 11, 1904.

used in the removal of foreign bodies should be very clean. The method I use is this: Dip the instrument in pure carbolic acid for a few seconds, then in alcohol, then distilled water. Ulceration frequently follows injuries to the cornea and should be guarded against by all possible means. I have a case in mind which illustrates how easily the cornea becomes infected. Mr. R. consulted me September 3, 1904. He had injured his eye three days before by having the point of a blade of cornstalk slightly puncture the cornea a little below the margin of the pupil. When I first saw him he had all the symptoms of infected ulcer which had progressed almost to perforation. Treated him with cautery, atropine and antiseptics and recovery took place in about ten days with a resulting small scar. The case of which I wish to speak, and the one which gave me the inspiration for the paper is this: January 12, 1904, at 2 p. m., Mr. C., a carpenter, an employee of one of the packing houses, who, one hour before, was driving a rusty, ten-penny nail, broke it about the middle and a portion struck him a slanting blow on the cornea near the central part and extending to the sclero-corneal margin.

I have my doubts as to the ciliary body being injured. The nail perforated the cornea and iris, and entered the lens. The patient had removed it before I saw him and was almost in a state of nervous collapse. The cornea presented a large gaping wound with small particles of debris along the margin. The iris did not protrude through the opening. Lens opaque. I cleaned up the wound with antiseptics, then cauterized with carbolic acid, 95 per cent Put on a light dressing and sent him to Bethany hospital. Saw patient next morning at 9 a. m.. Wound open and discharging pus; lids and conjunctiva greatly swollen and congested; tension, of course, reduced to nothing. The iris was drawn down and attached to the lens in its entire circumference. To this alone I attribute the saving of the eye, which, of course, was sightless, for if the pus had entered the vitreous, certain destruction of the eye would have resulted. I advised the removal of the eye at once. The patient would not think of it and wanted the eye ball saved if possible. I told him the danger of losing the other eye and he was willing to take the chance. Of course, if he had become sightless in both eyes, I would have received the blame. On suggestion of another physician, I made some tubes by boiling gelatin and iodoform together, let it harden, then cut it into thin strips. I opened the wound in the cornea twice daily and placed a tube of the iodoform jelly into the anterior chamber. I discarded this treatment after using it four days with apparently no benefit. Was using hot applications, atropine, 4 grains to the ounce and bi-chloride, 1 to 5000 in addition to the iodoform jelly. After discarding the iodoform, I injected a 12 per cent solution of argyrol into the anterior chamber twice daily for four days, with probably some benefit. After about nine days' treatment, the swelling and discharge commenced to

subside. After about eighteen days' treatment, the discharge had entirely stopped and I let the cornea heal; discharged patient after a total of four weeks' treatment. He now has a fairly good looking eye and not painful, but of course, it has a large scar, extending from beyond the central part to the edge of the cornea. Now, if he should lose his good eye from any cause, it might be possible to give him some vision in the diseased eye by an operation consisting of removal of the lens (cataract extraction), and by doing an iridectomy, making an artificial pupil above the scar. His perception and projection of light is good, showing that it would be possible to give him some vision. I would not think of doing an operation upon his eye now, as it might set up an inflammation that would result in losing both of them. I think you will agree with me that the best thing to do is to let well enough alone. In this case I made up my mind several times to enucleate the eye, but I always put it off. I have another interesting case, of which I merely wish to speak. Was examining a patient for some trouble foreign to his eye. Happened to look into his eye and found two pieces of steel lying in anterior chamber on the lower margin of the iris about one-sixteenth of an inch from the pupillary margin. He said they had been there for seven years and had given him no trouble. The oculist who treated him at the time told him he would lose the eye (that was before the Haab magnet was used in this part of the country), and I would have told him the same thing, had he consulted me at that time, but the foreign bodies gave him no trouble. The iris reacts to light and accommodation and his vision is not impaired.

These cases seem to me to be out of the ordinary and if this paper will bring out a spirited discussion I will be greatly pleased and think that a little something has been accomplished.

RADICAL OPERATION FOR HERNIA.

S. M'KEE, M. D.,

Leavenworth, Kansas

The radical operation for hernia has perhaps given more relief and comfort to man, than any other elective operation known. A few years ago the government discharged all soldiers and officers who became ruptured but now they keep them and operate upon

them, not only that, but a man may be enlisted who has been ruptured, providing he has been properly operated upon. Any soldier who refuses to submit to an operation will be discharged. Thanks to two of my friends, Dr. Charles Richard, Major, U. S. A. and Major Birmingham, it has been my good fortune to assist in, and operate upon, something like one hundred and fifty cases, twenty-seven of them being my own. The operations were performed in the Leavenworth hospital. Of the total number there has been one recurrence, due to heavy lifting in the ninth week, this case has been reoperated upon and since that time had no trouble, which is now over two years. To my mind the Bassini method is the simplest and most mechanically perfect and does less injury to the tissues, than the Halstead, or any other modifications. The external incision should be made from just above the internal ring, over the inguinal canal, to the external ring; or from a point a below the anterior superior spine of the ilium, parallel with and about one half inch interior to Poupart's ligament tothe center of the external ring or crest of the pubes. The incision should be made through the skin, fat and connective tissues exposing the aponeurosis of the external oblique and full length of the inguinal canal of which it forms the roof. All bleeding points should be snapped by an assistant as the incision is made, which in most cases will control all hemorrhage, but in some the vessels are so large that it is necessary to ligate them. With this precaution, care being taken not to rupture any of the vessels of the cord, the operation will be perfectly dry.

The aponeurosis should be so well cleaned of connective tissue that the fibers can be distinctly seen. A grooved director passed through the external ring under the aponeurosis makes it easy to separate the fibers without cutting them, they should be divided to a point one half inch above the internal ring. Dissect the aponeurosis from the internal oblique and conjoined tendon internally to the edge of the rectus, and externally to Poupart's ligament .The cord and sack are then separated from the other tissues with the fingers and the blunt dissector.

The next step is to separate the cord and vessels from the sack, which is easier said than done. The sack can generally be recognized by its white glistening margin, which shows the plainest at its end. This can be accomplished best with the fingers and a blunt dissector. An important part of the operation, and about the hardest, is to dissect the sack clean and clear from all adhesions at the internal ring. This is important and the operator must be absolutely sure or he is likely to have trouble later on. This can be de-

termined by passing the finger around the sack on the inside of the internal ring and by making traction on the sack. The sack should be opened and by digital exploration the absence of bowel or omentum determined, any contents found returned to the pertioneal cavity, or excised as the case may require.

The sack should now be tied off, or sutured and dropped back into the abdominal cavity. Then we are ready to commence the radical part of our operation, and that is making a new canal or a new route for the cord. The cord is held up or to one side by a strip of gauze or a hook and from three to five interrupted sutures of kangaroo tendon are taken through the internal oblique and transversalis and sometimes the edge of the rectus, on the inside, and the inner or shelving border of Poupart's ligament on the outside the lowest suture should include the conjoined tendon. This forms the floor of the new canal; care must be taken not to strangulate the cord at the internal ring. The cord is now placed in its canal and the separated aponeuorsis of the external oblique is brought together over it by a continuous suture commencing at the upper angle and extending as near to the pubes as possible without infringing on the cord at the new external ring. The last step in the operation is closing the skin wound, which I think should always be done by a subcuticular continuous suture, either of kangaroo tendon or of silver wire. I generally use the tendon because it is easier placed and I have gotten as good results as from the wire. The dressings consist of plain gauze covered with two thick layers of cotton and spica bandages which is not removed for one week unless the patient shows a rise in temperature. In a large percentage of our cases the union was immediate, and in none did we have suppuration more than through the skin and that for only a small fraction of the incision. Unless one is absolutely sure of his aseptic technique it would perhaps be best to use interrupted suture. The patient should be kept in bed for four weeks.

The University of Halle, Germany, has conferred upon Dr. Willy Merck, member of the old house of E. Merck, Darmstadt, established in 1668, a very high distinction, namely, the honorary degree of Doctor of Medicine "in recognition of numerous meritorious contributions looking to the advancement of the therapeutic side of medicine."

AUTOPSIES.*

GEORGE HOWARD HOXIE, A. M., M. D.,
Professor of Anatomy in the University of Kansas, Lawrence.

Autopsy means etymologically the examination of oneself and this when applied to a post mortem examination, says Dr. George M. Gould, is absurd. Hence we should choose some other term as necropsy or necroscopy for our theme.

American medicine is noted for advances in technic but rarely for advances in knowledge of the nature of disease or for a scientific grounding of our technical advances. An American, for instance, injects cocain into the spinal cord and finds the uses of the method as well as its limits, but it is not until a German scientist makes an elaborate study of the method that it receives anything like due attention from the profession. And then the Americans fill the columns of our journals with proofs of priority. This is but an instance of what is true all along the line. The world does not take seriously our work and we are indignant. But the fault is our own: we have not used scientific methods or logical processes in perfecting our methods. Our results are obtained by a haphazardness, which depends all too much on the personality of the doer. The international standpoint and the objective method should be cultivated by those of us who wish really to help our profession.

One item alone under this category of scientific studies will take our attention at this time, for to me, our modern medicine is to be dated from the work of three laboratories: the Weber brother (about 1840) who began the study of experimental physiology; Pasteur (in 1852) who demonstrated the causal connection between anthracosis and the bacillus, and in 1857 Rudolph Virchow in re-enunciating his cellular pathology demonstrated that disease causes an alteration of the tissues.

Up to that time disease had been regarded by some as a dyscrasis or commotion of the fluids or "humors," of the body and one heard of ill humors, bad blood, etc. Others believed that disease was an outward manifestation of soul agony or disease, a possession by spirits, as it were. And we have among the populace of today something of what the physicians of one hundred years ago believed. Hence a scientific study of disease was impossible, and it remained

*Read before the Golden Belt Society April 7, 1904.

for Virchow to demonstrate anatomical lesions, some gross, others fine, for such a large number of diseases that his dictum, that in the cell was to be sought the pathological lesion, has come to be regarded as a law.

This made possible an investigation into the cause and being of disease and introduced a new medical science, pathological anatomy. There sprang up everywhere in Germany and on the continent of Europe pathological institutes, supported by the governments, for the study of the anatomical lesions resulting from disease. The pathologist as a specialist became an important factor in the public life of every city. He does not practice medicine but acts as the consultant to the practitioners of his city. He is more than a bacteriologist. Take the case of Heidelberg as an example. There except for special reasons every dead body is removed from the house within three or four hours after death and taken to the pathological institute, where the necessary examination and preparation for burial is made, and then it is taken to the chapel of the cemetery, where at the appointed time the funeral services are held. Thus the pathologist obtains the opportunity to study an immense amount of material,—nearly every dead body in the city.

In Zurich also, the making of the coffin and all the preparations for burial (or cremation) are under the city charge and all bodies in which there is anything of interest are sent to the pathological institute for examination. It is no wonder that the Germans under such a system have become our best pathologists.

As a contrast, note the complaint of Dr. Halsey in the March 1904 issue of the *Postgraduate* that even in their hospital in New York City very seldom is permission granted for a necroscopy. If such be the case in a large hospital where everything favors the authority of the physician, how much more difficult is it in American private practice to obtain consent to hold a necroscopy. Right here it seems to me, lies the reason why our American profession is so prolific in theories, but so barren in proofs and scientific demonstration. If there is need anywhere that our profession and through them the people be educated it is on the value of the necroscopy.

Even if this larger view of the matter does not appeal to one, it seems to me that the baffled study in private cases would do so. At least that is the result of a recent experience of mine. Not long ago I was called in to look after a man of 54 suffering from diarrhœa and vomiting, and in both stool and vomit changed blood was abundant. He had had an attack of a similar diarrhœa some months previous,

but had gotten up and about his work again. Now, the possibilities in the case seemed only cancer, nephritis and hepatic cirrhosis. There was no evidence of the latter either in the history or the examination. The family physician had stated positively that the urine was normal (no urine was obtainable after my connection with the case.) This left cancer as the probable cause of his trouble and such was my probable diagnosis. Against this stood (1) the fact that he had gotten up after his previous attack of diarrhœa, and (2) the fact that he became delirious and more or less comatose some twelve hours before his death. The family refused a necroscopy and thus a satisfactory study of the clinical symptoms and relation to the anatomical lesions was impossible. Some days after his death among his papers was found a report of an urinanalysis in 1895 wherein hyaline casts had been found and a diagnosis of chronic intestinal nephritis had been made. And yet the family physician must have successfully disproved such a diagnosis for the patient had dropped several thousand dollars of life insurance within the last two years. This experience has made me willing to preach necroscopy to the families wherein I have influence.

Another case where there was a puzzling symptom complex and where a necroscopy was allowed and cleared up the entire case and helped me greatly, I published in the January 1904 JOURNAL of our state society. What has happened to me in my short practice must have happened many times to most of you and I feel sure that you regret not having had necroscopies over many of your fatal cases.

TYPHOID FEVER.

E. SMITH, M. D.,
Lawrence, Kansas.

Eberth discovered the bacillus now known to be the cause of typhoid fever, about 1880, but its relation to the etiology of typhoid fever was not established until several years later. While prior to and at that time it was customary with some to commence the treatment of fever with a calomel purge, and frequently with an emetic,

The thirty-two per cent of deaths in typhoid fever in Kansas, indicate something wrong in the treatment.

the treatment was mostly symptomatic. The pyrexia was treated with cold water by sponging, the wet pack or cold bath. The diarrhœa with acetate of lead, alum, tannic acid, nitrate of silver, and opiates, thus retaining in the intestinal canal, not only the bacilli, but that in which they could multiply and attack their victim.

The tympanites were treated with muriatic acid, chlorine water, turpentine, and in some instances, with a rectal tube cautiously inserted to allow the gases to escape; quinine was given in varying doses, and as the disease advanced, and the heart action weakened alcoholics, in some form, were usually added, but the subsequent history of the case was too frequently as depicted by one of my honored teachers, "as the pulse grew weaker, a little more brandy, and a little more, until the patient was ushered into eternity."

These were the days when the physician felt his inability to cope with this formidable disease, and when our homeopathic brethern, with good nursing, and with their infinitesimal doses, that had neither a positive nor a negative effect to interfere with nature's struggle against disease, made for themselves a reputation for treating fevers.

When it was demonstrated that typhoid fever was a germ disease, different physicians began to try to find some antiseptic that would destroy the germ, and not injure the patient; carbolic acid, iodine, thymol, naphthol, salicylic acid, and other antiseptics were tried, and in some cases with encouraging results. But, as far as I know, the late J. Elliott Woodbridge of Youngstown, Ohio, was the first to formulate a definite antiseptic treatment for this fever. He used three formulas. No. 1 is: podophylin resin gr. 1-960, mercurious chloride mild gr. 1-16, guaiacel carbonate gr. 1-16, menthol gr. 1-16, eucalyptol q. s. No. 2 differs from the No. 1 by adding thymol gr. 1-16 and guaiacol carb. to gr. $\frac{1}{4}$ instead of 1-16. No. 3, Rx is guaiacol carb. gr. 3, thymol gr. 1, menthol gr. $\frac{1}{2}$, eucalyptol min. 5.

The treatment of a case is commenced by giving No. 1 every fifteen minutes for the first twenty-four hours, each dose to be followed with a drink of sterilized water, as large as the patient will take. After the first twenty-four hours, he gave No. 3 every three hours and No. 2 often enough to insure two or three dejections each day.

The underlying principle of the Woodbridge treatment of typhoid fever, briefly stated is to flush out all of the sewers, keep

A glass of ice cold milk every two or three hours would make a well man sick.

them clean and aseptic. If this treatment is carried out near the beginning of any fever that is typhoid, or that can be mistaken for typhoid, we will not have the dry, parched tongue, the tympanites, and the delirum that we have been accustomed to see in our typhoid cases. But the efficiency of the antiseptic treatment is more fully demonstrated by the rapid disappearance of these symptoms, when the treatment is commenced after they have supervened. Other intestinal antiseptics are perhaps as good if the same principle is carried out in their use.

I believe the older plan of medication except the primary purge, was an injury to the patient, by producing the best conditions for the rapid increase of the typhoid bacilli, and for autointoxication, the latter of which I believe to be the cause of most of the nervous symptoms, and of the petecchiae, that we find in typical cases of typhoid fever.

And the cold water treatment, whether applied as the cold bath, the graduated bath, cold effusions, cold compresses, or friction with ice, depends for its efficiency upon its power of abstracting heat from the body, thereby lessening the rapid disintegration that takes place with high temperature, thus aiding the patient in withstanding the disease, until he becomes immune to the typhoid bacilli.

It in no way modifies the conditions upon which the disease depends; not so with the antiseptic treatment; it is curative, or abortive, if you please, and after testing it for nearly ten years, I believe that Dr. Abbott was correct when he said that, "if a case of typhoid fever runs over two weeks there is something wrong in the treatment."

In typhoid fever flush out the sewers, keep them clean and aseptic.

He that feeds his typhoid fever patients milk, furnishes good media, in the intestinal canal, for propagating the typhoid bacilli.

Committee on Arrangements for the Wichita meeting: Doctors J. F. Gsell, G. C. Purdue, C. E. Bowers, J. Z. Hoffman and G. D. Clark. They have secured place of meeting, and are working hard to make the meeting a very interesting one. Important papers from men of national reputation are expected.

PARESIS *

C. C. GODDARD, M. D.,
Leavenworth, Kansas.

One of the peculiarities of the alienist is to make the general practitioner feel that he, the specialist, has something up his sleeve; something not generally known, the knowledge of which endows the possessor with peculiar powers; for we, all of us, have a large grain of superstition in our make up, though we may strenuously deny the same. When he talks rapidly of neurons, neurites, dendrites, protoplasm of the neuron, axones, neuraxones and terminal arborization-brushes, he makes our heads ache, we get flustered and are made to feel that there certainly are more things in the world than we ever thought of.

Of course we have thought that at some period in our practice, some certain patient of ours, was rather unbalanced in his ideation and imagined a whole lot; might be suffering from neurasthenia, or an attack of pure cussedness; still we had given no particular name to the malady and when this smooth specialist came in and said, "Ah, my dear doctor, we have here a typical case of paresis or dementia paralytica," we were knocked out. Had he said, "This is simply a case of cerebral softening," we would not have felt half as bad and might have gone into the case a little with him, but when he sprang that name upon us so suddenly we probably remarked, "Well it is not in my line and as it is in yours, whatever you say goes."

Now by using the term paresis I simply refer to cases that formerly, "when I was a boy," we called softening of the brain, I do not wish to be understood that I claim that this is the real condition of things as the reverse may be the case and sclerosis be the causis belli; but I want that we should all understand that it is no new disease, any more than paranoia is a new trouble, but is what answered formerly to the term of mono-mania, paranoia being but a case of mono-mania with peculiar ideas, or delusions of persecution.

I am trying in this scrap of a paper to call attention to some of the mistakes we imbibe from our authorities, especially the older writers and to show you that we do not always have a set of cut and dried symptoms and that even some of those formerly held to be

*Read before the First District Society, Oct. 11, 1904.

necessary for a diagnosis may not be present at al. I will never forget how I used to hunt for the Argyll-Robertson pupil, facial tremor and ideas of great wealth, also the self satisfied individual as portrayed in the different text books. I hunted so well that I found the pupil existing in many of my friends in middle years of life and and felt very uneasy for their future; but they kept right on living and never showed any other symptom of mental decay. I was so afraid to call it paresis without this array of grand symptoms that I was often up a tree, so to speak. Then again when I made my diagnosis, in other cases and gave the prognosis of death in from one to four years, the confounded people kept on living; so that I finally came to the conclusion that a paretic was just as apt to live twenty years as any other old time and I quit guessing. Then again I found that cases of this trouble sometimes got in a hurry and would only live a. very few weeks or short months. I found that at times cases were in a devil of a carrying on and did not seem to have the self satisfied idea at all. I found some that laughed and felt every inch a king and others that wept and maintained that they were cursed for all eternity; some felt wealthy beyond description; others were beggared beyond belief; extreme restlessness was apparent in many, and an apathetic condition was characteristic of other; deviltry beyond belief was the acme of existence in some, canting religion was the burden of song with another. The A. R. pupil I found in many and again the limpid orb of the soul was as mild and beneficent as in any maiden fair and yet the fell destroyer was without a doubt implanted within their inmost being and death claimed them just as surely.

Women I think are the most difficult to recognize as having this terrible disease and I have seen them die before I could bring myself to believe in their terrible affliction. In some cases the different phases are manifested as rapidly as light shifts through the kaleidoscope.

One of the great predisposing causes of cerebral degeneration is Syphilis. Not that it is Columbian relic is a sure thing in producing paresis; but having the general makeup, the stigma hereditatis, and add an attack of syphilis and nine chances out of ten your man will have sooner or later this disease, especially if the individual is a brain worker and lives a strenuous life, trying to get rich in a hurry. We might say that great mental strain, with syphilis added in an individual with the right make up, are really the principal causes of general paralysis of the insane.

The invasion may be very sudden and start in with an attack of

cerebral frenzy; or again its onset may be very slow and show all of the phases of neurasthenia. When this neurasthenic condition maintains for months, you had best be finding another name for the trouble.

The rapid invasion, generally foretells a rapid course, though this is not always the case. Uncertainty of speech, clipping of words, halting and difficult enunciation are most often the forerunners as far as objective symptoms are concerned; inability to write connectedly and legibly is often present and again may never be met with in some cases; ability to write letters intelligently I have noticed in cases within a week of their demise. Epilepiform seizures is often the most frequent of sign posts, and almost sure to manifest itself at some stage of the disease; cerebral hemorrhage often seems to usher in certain cases even if not being the cause itself. Sudden ideas of great wealth, without foundation, marshals the disorder very noticeably; while again great poverty may be the dread of others, though they may be blessed with a goodly share of this world's goods.

The sudden falling from grace, in men who have heretofore borne spotless reputations, should be looked upon with grave suspicion; whereas access of godliness in those hitherto immoral should be taken "cum grano salis." Sudden changes in men that have for years been rather melancolic and that all at once see everything of a roseate hue and feel that they have become young again, is a strong indication of a mental decay. Cases of sudden confusional trouble in people between the ages of twenty and thirty-five should be carefully guarded and watched for sudden manifestations of this malady.

The prevention is beyond all human knowledge; the prognosis is always unfavorable. The treatment, unfortunately as a rule, is instituted too late and great damage has already been made among the nerve cells; so that we really do not know what the effect of special treatment would be in the disease. Possibly an early diagnosis might give a chance. Absolute rest from all brain work, out of door life, tonic agents, special building up of the economy are the great desirata. It is doubtful in my mind if special anti-syphilitic treatment is of any avail in these cases. I would fear the depression, especially of the iodides. General tonics, static insulation and massage, healthy food, out of door life, are best to my way of thinking.

After the delusions are fixed nothing can be expected so far as recovery is concerned and the patient should become a guest in

some hospital, where they can properly care for such unfortunates. This should be done for two reasons; first the paramount one, being to protect the patient and shield him from the busy tongue of his neighbor and so-called friends,—as his condition of irresponsibility is never taken into consideration and he gets credit for acts and thoughts that have always been strangers to his true being.

This disease seems to delight in showing up the really moral man or woman, as possessing the lowest of ideas and as using the vilest of language, whereas the hitherto ungodly wretch may cause tears of sympathy to flow as he airs his notions of godliness and decency. The other reason for the hospital is for the simple reason that home is the worst place of all for one afflicted with this malady. no matter though, wherever they are, whether bad or good, time goes on until a beneficent Providence calls them to that "bourne from whence no traveler returns" and they appear before that bar where their worthiness is decided by the all powerful Judge of the clean and the unclean, "whose mercy endureth forever."

THE VERNIX CASEOSA.

Editor *Medical World:*—A traveling agent getting signatures of doctors to a petition to the legislature (which I did not sign), to have a law enacted requiring the state to "educate" the boys and girls, prior to marriage, as to the consequences of the unborn child, of copulation during the months of pregnancy, has just left my office. He claims that the spermatozoa thus injected are the cause of the "filthy" condition of such child at birth; and that where there is no coitus during pregnancy the child will be born "clean." How is this? J. D. BRYAN.

Louisburg, Kansas.

We have heard of many kinds of harmless cranks, but this "caps the climax" of utter foolishness. No fear of legislators allowing themselves to be pestered long with this. Even the most ignorant assemblyman well knows that there are many more important questions pressing their claims than any such theory. When the state assumes authority in teaching hygiene to grown people, it will take up many other subjects before it meddles with that of legal coitus between husband and wife. As a matter of fact, the

vernix caseosa is a sebaceous deposit which nature spreads upon the skin to prevent its maceration by the liquor amnii. It is present to a certain extent upon the skin of all children born. Coitus has nothing to do with it, for children born whose fathers died soon after conception, and whose mothers were above suspicion, show this deposit. The semen is deposited in the vagina, and if any of it enters the pregnant os, it is only an infinitesimal quantity. Before we answered your query we looked thru all the leading works on obstetrics and were astonished to find that none gave the origin and purpose of the origin and purpose of the vernix caseosa, altho most of them gave the time of its appearance upon the fetus, its constitent parts, and the methods for its removal—ED.]—*From the Medical World.*

The Annual Meeting of the First District Branch was held in Kansas City, Kansas, in the city hall There was a good attendance. The program was short but was interesting and led to considerable discussion.

Dr. E. T. Shelly, president of the society, appointed the following committees:

Auditing—Doctors Roberts, Wever and Hamman.

Publication—Doctors Naismith and Troutman.

Applications—Doctors Hughes and Masterson.

The following officers were elected for the ensuing year:

President—P. D. Hughes, Kansas City, Kansas

Vice-President—H. L. Alkire, Topeka.

Secretary—James Naismith, Lawrence.

Treasurer—C. C. Goddard, Leavenworth.

Members of the Executive and Judicial Committee:

G. A. Hamman, Lawrence.

R. A. Roberts, Kansas City, Kansas.

E. F. Greene, Olathe.

On motion it was determined to petition the Council of the State Society to make the councillor districts smaller.

On invitation the Society voted to select Leavenworth as the next place of meeting.

Papers were read as follows:

Dr. P. D. Hughes—"A few little ones."

Dr. W. C. Harkey—Nephritis.

Dr. G. M. Gray—Report of two cases of cholecystotomy.

Dr. E. Smith—Typhoid fever.

KANSAS STATE BOARD OF HEALTH.

Capitol Building, Topeka.

March 14, 1905.

The following contagious and infectious diseases are reported to this office for the month of February, 1905:

DIPHTHERIA.

County.	Cases.	Deaths.	County.	Cases.	Deaths.
Anderson	4	0	Republic	5	0
Cherokee	2	0	Wyandotte	5	0
Doniphan	1	1	Kansas City	5	1
Jackson	3	1	Leavenworth City	7	1
Montgomery	4	0	Topeka City	5	1
Nemaha	1	0			
Phillips	2	0	Totals	44	5

SCARLET FEVER.

Cherokee	1	0	Nemaha	3	0
Clay	12	0	Pawnee	2	0
Decatur	3	0	Phillips	12	0
Doniphan	1	1	Pratt	2	0
Jackson	3	0	Rawlins	1	1
Kingman	3	0	Reno	8	0
Lincoln	5	1	Republic	13	0
Logan	3	0	Shawnee	1	1
Lyon	7	0	Kansas City	1	0
Marion	8	0	Leavenworth City	1	0
McPherson	20	0	Topeka City	12	0
Marshall	6	0			
Mitchell	2	0	Totals	132	4
Montgomery	2	0			

SMALLPOX.

Atchison	2	0	Marshall	11	0
Chase	2	0	Miami	100	2
Cherokee	6	1	Mitchell	18	0
Clay	1	0	Montgomery	1	0
Crawford	32	0	Nemaha	1	0
Doniphan	3	0	Ness	60	0
Douglas	1	0	Phillips	5	0
Ellis	20	0	Rawlins	23	0
Graham	40	0	Reno	13	0
Gove	21	1	Republic	5	0
Harvey	8	0	Russell	23	0
Jackson	3	0	Saline	40	0
Kingman	40	0	Washington	9	0
Labette	2	0	Wyandotte	1	0
Lane	3	0	Kansas City	1	0
Lincoln	22	0	Topeka City	1	0
Logan	4	0			
Lyon	53	0	Totals	689	4
Marion	116	0			

TYPHOID FEVER.

Crawford	2	1	Kansas City	31	5
Douglas	4	0	Leavenworth	2	2
Edwards	1	1	Topeka City	2	2
Labette	1	1			
Nemaha	1	0	Totals	44	12

S. J. CRUMBINE, *Secretary.*

THE ISTHMIAN CANAL COMMISSION'S MISMANAGEMENT IN SANITATION.

Dr. Charles A. L. Reed, on his return from Panama March 1, filed his report with the secretary of war, and the report is printed in full in *Journal A. M. A*, March 11. Dr. Reed states that he was given every facility to study the condition of organization and the details of administration as they relate to the public-health interest. He says that he was impressed with the efficiency and zeal of the sanitary staff and with the fact that much had been accomplished in the way of sanitation, but states that much remains to be done which can not be done unless better facilities are afforded. He states that the governments of Panama and of the United States both recognize the importance of efficient sanitation At the meeting of the commission held at Ancon, August 28, 1904, Mr. Grunsky, as the committee on a proposed health department, presented a report which began by stating that: "After repeated conferences with" Colonel Gorgas and with practically the entire sanitary staff, "it has been agreed," but which should have stated that "in certain important particulars Mr. Grunsky has agreed with himself," for much of the report was formulated over the respectful protest of the medical men who were invited to the conference. By this report the commission, more especially Mr. Grunsky, provided for the creation of a board of health, with power to formulate regulations, which would become effective only after approval by the commission; or in cases of emergency, only on approval of the governor of the canal zone. Thus the chief sanitary officer had his discretion limited to the enforcement of regulations which had first been adopted by the commission or by a board of health, in which latter event it had to be sent generally to Washington to be endorsed by the commission, or in cases of emergency, might be approved or rejected by the governor of the zone. It thus came about, says Dr. Reed, that the chief sanitary officer whom and whose department the medical profession had asked to be made largely autonomous, and which the president himself had obviously intended to be so, became, by action of the commission, more especially of Mr. Grunsky, subordinated to the governor of the zone; to the chief disbursing officer; to the chief of the bureau of material and supplies; to Mr. Grunsky; to the commission; to the secretary of war; to the president; subordinated, in fact, in the seventh degree from

the original source of authority, and this, says Dr. Reed, is the state of affairs on the Isthmus today. Dr. Reed states that if the superintendent of the Ancon hospital makes a requisition for supplies, he must take it for approval to the chief sanitary officer; then to the governor of the zone; then to the chief disbursing officer; whence it goes to the commission at Washington; then to Mr. Grunsky as committeeman; then back to the commission; then, if allowed, bids are advertised for; awards are made; the requisition is filled under the supervision of a purchasing agent notoriously ignorant of the character and quality of medical and surgical supplies; the material is shipped to the Isthmus; consigned to the chief of the bureau of material and supplies, who notifies the disbursing officer; who notifies Colonel Gorgas; who in turn notifies the superintendent; who applies to the quartermaster—"the boss of a corral"—for transportation, and so much of the stuff as in the judgment of first, the governor, next the chief disbursing officer, next and more particularly Mr. Grunsky, ought to be allowed to the superintendent of the hospital, finally arrives or does not arrive at its destination, and this, Dr. Reed says, is no fanciful picture; and what is true at Ancon hospital is true at Colon, at Culebra, at Miraflores, and at all other points that require supplies of this discription. In case of emergency, certain purchases are permitted to be made at Panama, but, of course, at greatly increased prices. Dr. Reed cites examples of the littleness of the commission, showing how the commission consumed its time with the minutiæ of administration that ought to have been entrusted to the men employed for that purpose. Dr. Reed states that the commission visits on the sanitary department unnecessary and unreasonable restraints and confronts it with petty antagonisms, and he quotes instances showing how requests for necessaries have been treated. For instance, doors and windows for the hospital at Culebra were asked for in January, but are not in place. Materials for disinfection work were asked for last September; the commission, more especially Mr. Grunsky, cut the estimate down to one-fourth, and sent the material in small lots from time to time. The commission established interneships in the hospitals in the zone, incumbents to be paid $50 a month, the same salary that is paid to nurses, and in this way the sanitary department is without a sufficient number of experienced medical men. Before Colonel Gorgas went to the Isthmus he laid before the commission a plan of campaign which embraced the following distinct features: First, the instillation of a sewer system in the cities of Colon and Panama. Second, the instillation of water supply in

those cities. Third, the cleaning of the streets, including the disposal of garbage and night soil. Fourth, general sanitation of houses, including their cleaning and fumigation and the drainage of neighboring pools, the abolition of water barrels and cisterns, and other places for the propagation of the yellow-fever mosquito. Fifth, the prompt isolation of all cases of yellow fever. It was not until after four or five months had elapsed, however, and only after progressive development of yellow fever that Colonel Gorgas was permitted by the commission to assume the sanitary control of the two cities, one of which, Panama, having by this time become very generally infected. Contrast this with the brilliant results achieved by Colonel Gorgas in Havana, where he was given not only a free hand, but his own purchasing and distributing agents. The report states that the responsibility for the present existence of yellow fever on the Isthmus can be placed nowhere else than on the canal commission, more especially on Mr. Grunsky. It is also stated that the campaign against malaria has been thwarted by the commission, that many employes are sick with malaria, and that both nurses and attendants are frequently victims of the disease. An effort has also been made by the commission, under the subterfuge of establishing a training school at Ancon, to get undergraduate nurses to go to the canal zone at about the same rate that is paid pupil nurses in the training schools of the United States. Dr. Reed says that the Isthmus is not a place to take untrained nurses on any pretext, for nothing but fully developed talent in the various departments of activity should be sent to the canal zone. Dr. Reed concludes his report as follows: "I have the honor not only to submit the suggestion, but really to urge, that the time has arrived when the president ought to redeem his word and ask for the resignation of the commission."

Dr. Ross Klock, of Ottumwa, was drowned in the Neosho river near Strawn, Saturday, and his body was found late last night. (March 20.) Klock was a young physician, and started for Strawn Saturday to examine candidates for the Modern Woodmen lodge. He had considerable trouble in fording the Neosho river, just before he arrived at Strawn and came very near staying there over night, but finally decided to make the return trip.

PURULENT CONJUNCTIVITIS *

H. L. ALKIRE, M. D.,
Dean of the Kansas Medical College.
Topeka, Kansas.

The subject to which I wish to invite your attention, "Purulent Conjunctivitis," is one with which each of you is doubtless quite familiar, because of its frequent occurrence. Possibly not a few have unpleasant recollections of eyes lost as the result of this disease. For these reasons I have selected "Purulent Conjunctivitis" as the subject of this meeting.

The more I study this disease, observe the lack of thoroughness on the part of many practitioners in the examination of these patients, the carelessness in treatment, and the distressing results which follow, the more I am convinced that medical men generally should learn to look upon all forms of conjunctivitis as serious, and especially if purulent. I believe that purulent conjunctivitis is as much to be dreaded as typhoid fever, pneumonia or septicæmia. What doctor of intelligence would say that the above named or similar diseases were to be lightly regarded in any stage or degree of development, no matter how mild? Yet, how often purulent conjunctivitis, when mild in degree, or in the incipient stage, is dismissed as being of little consequence. I am sorry to say, that in this day of scientific investigation and laboratory training, there are persons, who on account of ignorance or a desire to gather in the "almighty dollar," make a "specialty" of all diseases affecting the head, trunk or extremities; and in the event of an eye case they do not advise the patient to seek counsel of one qualified to give it, until they have exhausted their own assumed stock of knowledge, and destroyed the patient's opportunity for a favorable recovery. No organ in the body is composed of a greater variety of tissue than the eye. None more complex in structure or sensitive in function. none more exposed. Consequently, no organ in the body is subject to so large a variety of diseases; and none in which the sequelæ are liable to be more more disastrous to the function of the organ. Hence, the necessity for thoroughness in all that pertains to the care of this organ in health and disease.

Purulent conjunctivitis is a purulent inflammation of the mu-

*Read before the First District Society Oct. 13, 1904.

cous membrane which covers the anterior or exposed part of the orbit, and the posterior surfaces of the eyelids. It is not unlike purulent inflammations of mucous membranes in other parts of the body. In this age of enlightenment, of bacteriological investigation and pathological research, I presume that none will find fault with the statement that "inflammation is a destructive process of microbic origin, occurring in living tissue." Purulent conjunctivitis is distinctively a destructive process, never anything else. Thus, many are the dangers which are liable to result in the loss of vision to one or both eyes. How sad, when both are thus affected, and the unfortunate must spend the remaining days of his earthly existence in darkness, never again to be inspired by seeing the faces of friends, or beholding the beauties of nature. The smallness of the organ, the closeness of its parts, the free anastomosis of a rich circulation, the sympathetic relation with the other eye, all tend to threaten with destruction the neighboring parts. Consequently, the greater the need of an early and correct diagnosis, and the establishing of a thorough treatment, that the invasion may be checked and destruction prevented.

The causes, exciting and predisposing, symptoms, diagnosis, and treatment are so plainly set forth in any and all of the modern textbooks, that it will be unnecessary for me to consume valuable time in a review of them. With your kind indulgence, however, I wish especially to emphasize the destructive character of the disease, and to briefly call attention to some of the indications for treatment of these patients.

First. Carefully examine every part of the eye, and take record of visual acuity. This is very important for comparison in daily observation of case. Make microscopic examination of the ocular secretions or excretions. This may shed much light on the nature of the infection.

Second. Note general physical condition of patient, especially bowels, urine, circulation and nutrition.

Why all these precautions for a conjunctivitis?

You are to prepare your patient for a conflict which is to be fought by the invading micro-organisms and the tissue cells at the site of action, and inasmuch as your sympathy should be enlisted on the part of the tissue cells, you should aid them in every way possible. One of the most destructive inflammations I ever witnessed in an eye, gave as its first manifestations those of a simple conjunctivitis. What are some of the complications which are liable to arise? Naturally we would expect ulceration of the cornea because of its

relation, exposure to the infected secretion, the continuity of tissue, etc. Infection of the ciliary body and iris, because of the nature and relation of the circulation of these parts, resulting in total destruction of the eye.

To one having a knowledge of the eye, and of the nature of the disease the treatment is indicated. It may be briefly outlined as follows:

Rest. Preferably in a dark room.

Cleanliness. This is imperative in all cases. I prefer the free use of a non-irritating antiseptic douche, every fifteen minutes to 1 or 2 hours, as the case may demand.

Temperature. Cold is useful during the active stage, and may be applied by use of small gauze sponges a little larger than a silver dollar, dipped in ice water and placed upon the closed lids; or cold water in a light rubber bag. The cornea must be observed, a uniform haziness is an indication of excessive cold. Heat is very useful after the acute symptoms have subsided. It may be applied by wringing a folded towel from a boiling hot antiseptic solution, and placing upon the closed lids.

Medicines. Numerous preparations have been used with varying results. I prefer some of the silver preparations after the acute symptoms have subsided, as argyrol, protargol or the nitrate. Hydrogen dioxide as a clensing agent is useful. Ointments. Mercurial or borated may be useful.

Complications should receive the usual treatment for each.

Operation. If lids are making pressure upon cornea, operative measures to relieve the pressure should not be delayed.

Constitutional treatment as indicated.

THE COUNCILOR.

ATCHISON, KANSAS, March 20, 1905.

To the Editor of the Journal Kansas Medical Society:

In addition to the demand that the councillor be the first one to arrive on the ground and the last one to leave when the annual meeting of the state society takes place, Sec. 2, of Chapter VII, of the

bylaws of the new constitution of the Kansas Medical Society, adopted somewhat hastily last year at Topeka, prescribes for him the following duties: "Each councilor shall be organizer, peace maker and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exists; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the conditions of the profession of each county of his district."

To perform his whole duty as here laid down, a councillor should be every thing that the councilor of the first district (whose very barren official career will fortunately soon end) is not. In the first place, in order to comply properly with the requirements of the above section of the bylaws, it would be necessary for him to spend from one to three days in every county in his district, which would mean that he neglect his own work at home from fifteen to forty days during the year. Only a doctor of wealth and leisure, or a specialist with or without a private hospital or sanitarium in quest of a little advertising, could therefore afford to engage in all the various kinds of medical "mission" work demanded of a councilor. But spare time is not all a councilor requires. So difficult is it sometimes to persuade doctors who are not in the habit of attending medical meetings, to come to a county society meeting, that a councilor needs all the tact, affability and enthusiasm of a successful commercial traveler in order to get them out. Finally, after he succeeds, with the help of some local physicians, in getting an audience, he finds that he needs the "gift o' gab," a very rare accomplishment, in order that he may not make himself and the cause he represents ridiculous. Imagine Dr. McCormack reading a "paper" on the benefits of radical organization! A "paper" is poor stuff at such a time, as poor as a halting, amateurish speech. Perhaps a physician with time, tact and a telling talk can be found to serve as a councilor in every district of the state, but it is very doubtful. But even if a Dr. McCormack were available in every district, the state society would still have no right to demand of him the exacting work called for by our laws—for "traveling expenses" on a "proper itemized statement!" Either the duties of the councilor should be made more elastic than they now are, or the state society should employ an officer, properly qualified and salaried, and appointed and controlled by the council, whose duty it would be to do the out-of-town work of the various councilors; such as organizing and vis-

iting county societies and much of the "peace making" and "censoring" as well. Our national society has such an officer (*de facto* at least) and why should not also the state society?

E. T. SHELLY,
Councilor First District.

George D. Boon, M. D., died at Chetopa, Feb. 20. He graduated in 1870 from Ann Arbor.

Dr. David J. Swarts, aged 72 died near Liberal on March 3. He graduated in Cincinnati in 1860 and was a surgeon in the civil war.

Dr. L. H. Munn is going to spend a few weeks in New York at post graduate work. He will return in time for the Wichita meeting.

John P. Richardson, M. D., committed suicide by hanging himself in his barn Feb. 26, at Sabetha, Kansas. He graduated in Cincinnati in 1866.

First District.—Only three or four of the thirteen counties of the First District remain unorganized, and it is hoped that these will be in line before the Wichita meeting of the state society in May.

Appendicitis.—A rather valuable review of the treatment of appendicitis is found in the reprint of an article in the *Annals of Surgery* for November 1904, by Parker Syms of New York. He reviews a series of 219 cases and concludes that Ochsner is wrong in refusing operation after the twenty-four hour limit. He distinguishes between a diffuse peritonitis which can be safely operated on and a general peritonitis which is always fatal. He uses hydrogen dioxide to destroy the pus, but does not flush the peritoneal cavity.

Prostatic Obstruction.—Another reprint by Parker Syms discusses prostatectomy. Syms makes a simple median vertical incision, opens the bladder, inserts a collapsible bag which he uses as a retractor to draw the gland into view. We have seen Dr. L. H. Munn do the Syms operation once and believe that it has claims for consideration.

ANTISTREPTOCOCCIC SERUM IN ERYSIPELAS.

In order to know the effects of this treatment actual results must be reported. Therefore I beg leave to submit the following case history:

Male, aged 19, came to office February 5 with "sore throat." The membrane was reddened and slightly swollen. Ordered sprays and antiphlogistine.

Feb. 6. Saw him in his room. Temp. 101. Right tonsil and throat considerably swollen. Salol, calomel and antiphlogistine.

Feb. 7. Nose involved and exterior slightly reddened.

Feb. 8. Infiltration on left cheek apparent. Temp. 102. Ordered ichthyol bandage.

Feb. 9. Infiltration covered the left cheek and eye. Continued ichthyol and ordered tinct. iron internally.

Feb. 10. Temp. 103.4. Pulse 104. P. P. & Co's. antistreptococcic serum used: 10 cc at 7 p. m.; and 10 cc at 11 p. m. Nostrils and throat almost closed with bloody mucous, for which adrenalin swab was used.

Feb. 11. 10 cc of serum at 11 a m. Evening temp. 103.6. pulse 108. Continued of course the iron and ichthyol.

Feb. 12. Temp. ranged from 100 to 104.2. Pulse 94 to 102. Strychnine 1-40 gr every 4 hours. Face began to clear.

Feb. 13. Evening. Temp. 104.4. Pulse 104. Scalp affected. 10 cc serum injected.

Feb. 14. Temp. 99.8 to 104. Pulse 88-104. Abscess in left orbit under left eyeball opened (a tablespoonful of pus.)

Feb 15. Temp. 100.6-103. Pulse 96-102. Tonsils painful and an immense abscess in soft palate was opened.

Feb. 16. Inflamed area on right cheek. Left cheek was clear by this time, though the scalp was still infiltrated and sore. Temp. 100 to 102.8. Pulse 96-104.

Feb. 17. Temp. 99-103. Serum 10 cc at 7 p. m.; 10 cc at 11 p. m. Right cheek inflamed but not badly infiltrated.

Feb. 18. Temp. 98-99.2. 10 cc serum at 3 p. m.

Feb. 19. Temp. 98.2-101.6. Pulse 92-98. Serum 10 cc used at 7 p. m.

Feb. 20. Temp. 98-99.6. Pulse 84-90. Face clearing. Hardly any soreness in scalp.

Feb. 21. Temp. 98.2-99.2. Pulse 78-96. Patient sent by train to his home for convalesence.

It seemed to me that the serum showed a decidedly helpful influence in clearing up the face, and were I to do the work over again I would not use the tincture of iron and the ichthyol but use simply the serum and vaseline.

[It would be interesting if others would present their experiences with the serum.]

SOCIETY NEWS.

Harvey County Medical Society elected the following officers at its March meeting: President, Frank L. Abbey; vice president, G. D. Bennett; secretary, J. W. Graybill; treasurer, L. T. Smith; delegates, J. T. Axtell and Max Miller. Dr. E. H. Johnson of Peabody, was admitted to membership.

The following are all of the members of the Harvey County Medical Society who have paid up to date: Drs. J. T. Axtell, A. E. Smolt, L. T. Smith, G. D. Bennett, Max Miller, J. W. Graybill; Newton, Kans., R. C. McClymonds of Walton, Kans., J. H. Cooper of Newton and Frank L. Abbey and O. W. Roff of Newton also Dr. E. H. Johnson, of Peabody, Kans., a new member.

FRANK L. ABBEY, *Pres.*

Decatur and Norton Counties—The fourth quarterly meeting of the Decatur and Norton County Medical Society was held in Dr. C. C. Funk's office at Jennings, Kansas, Wednesday March 15, 1905 at 3 p. m. The day was very stormy and attendance light but the enthusiasm was at fever heat. Drs. Cole, McNaughtou, Forbes, Hawkins, Dallol, Hardesty, Funk and Kenney braved the elements to attend. The following program was presented: Informal reception from 3 until 4; from 4 until 5 Dr. Hardesty of Jennings presented a very interesting case of perforated gall bladder with abscess formation. She was later operated upon successfully. From 5 until 6 Dr. Funk presented a paper on "Puerperal Eclampsia—Treatment and Case Report," which was well received and brought out a very spirited discussion.

The society was banquetted at the Squires' house from 7:30 until 8:30 by Drs. Funk and Hardesty, the local committee. From 8:30 until 10 the time was spent in a "round table" discussion of various subjects of interest to the medical fraternity.

The next meeting will be held in Norton, Kansas, June 14, 1905. The 1904-5 officers are: President, H. O. Hardesty, M. D., Jennings, Kans.; first vice president, C. W. Cole, M. D., Norton, Kans.; second vice president, S. L. Hubbard, M. D., Oberlin, Kans.; secretary and treasurer, C. S. Kenney, M. D., Norcatur, Kans.; program committee, J. J. Dallal, M. D., C. C. Funk, M. D., Jennings, Kans.

Enthusiasm is gaining ground but there still is plenty of room for missionary work to get out the older practitioners.

C. S. KENNEY, *Secretary.*

BOOK REVIEWS.

"How to Live."—We all realize the need of some medium for educating the public in fundamental medical truths. We cannot go out and preach to the people. Neither can we use the daily prints. Hence we welcome the advent of a journal intended to preach hygience to the people. The name of Dr. George F. Butler carries with it some assurance of sobriety and conservatism. We wonder if it would not be a profitable investment for us to have this journal, *How to Live*, (published at Ravenswood Station, Chicago) on our waiting room tables.

A DOCTOR'S CONFESSION by William Hinshaw, M. D. Illustrated. Copyrighted by William Hinshaw in 1901. For sale by Lewis S. Mathews & Co. Cloth, 12 mo., pp. 373.

Judged from the standpoint of literary criticism this is an exceedingly poor specimen of the novel. However it is a book with a moral purpose and should be judged with that fact in mind. It is therefore a good book to put in the hands of a young doctor when you wish to point out to him the evils of maligning his neighbor and of putting the attainment of wealth above conscientious effort. The story is in part interesting and since the scene is laid in Iowa the types illustrated will be more or less familiar to Kansas readers.

MEDICAL ANNUAL 1905—New York, E. B. Treat & Co.

This book (8 vo. about 600 pages, cloth) is too compehensive for us to review in a paragraph or two. It consists of abstracts and summaries of the year's contributions to medical literature. The arrangement of topics is alphabetical. The paper, print, and illustrations are good. The "handiness" of the book was a revelation to your reviewer. He finds new points on almost every subject which he has looked up. Evidently this book is a great rival to the year books gotten out at monthly or quarterly intervals (one of which has been reviewed this month). They are more of monographs, this one is more encyclopediac. We should look to them for the specialist's opinion of the year's activity, but to this annual for the briefest possible summary of the advances along each line.

As an instance of the book's characteristic discussion we refer the reader to the article on typhoid fever by E. W. Goodall of a Lon-

don hospital. He gives a review of some 16 papers on the subject of which 5 seem to be American. Then in his 9 page article he shows how contradictory are the views as to treatment and seems to believe that the individual rather than the disease should be treated. He scoffs at the possibility of rendering sterile or antiseptic the intestinal canal, and believes that to "lock up and keep locked" is a better plan than to promote free catharsis. He agrees with the better writers that the agglutination (or Widal) test is the best means of diagnosis at our command.

But after reading his article one feels that it is prejudiced and not a fair weighing of evidence.

AMERICAN ALKALOMETER, VOL. IV.—A digest of the teachings of *The Alkaloidal Clinic* for 1902-3 inclusive. Edited by W. C. Abbott and W. F. Waugh, half leather: pp. 734 plus index. Chicago: Clinic Publishing Co.

Herein are arranged alphabetically by title the chief articles found in *The Alcoloidal Clinic* for the years mentioned. It certainly is a handy reference volume and for the alkalometrist worth a whole library. Its characteristic is positivism. Therefore for the man who is a believer in authority in religion and philosophy, it is the fountain head of wisdom. Others however, might find this assurance irritating. But inasmuch as this book and *The Clinic* represent a valuable movement in therapeutics, we would say that the book is worth reading.

One of the chief results of alkalometry has been the controversy as to the possibility of aborting typhoid and pneumonia. And when some alkalometrist says, "For ten years I have had no case of typhoid fever run longer than two weeks," his opponents sneer at the diagnosis. But now that the Widal reaction is conclusive the matter can be settled. Both the alkalometorist and his opponent should have the blood tests made. When this is done it will be nonsense for one physician to ask another, "Did the case run three weeks?" to be sure of the diagnosis. The writer's opinion is that it is an evidence of mental weakness to seek out such names as "bilious remittent," etc., to describe cases of enteritis running for five to ten days. If the Widal reaction is positive (even though weak) they are typhoid; if the malarial plasmodia are there, then it is malaria. Let us not therefore condemn the alkalometrist without examining his patients or at least knowing the results of a fair blood test. And then if it proves true that the system of cleaning out and keeping clean advocated by Dr. Smith in this issue really shortens typhoid, we should all adopt the principle, whether we use the sulphocarbolates or acetozone as the antiseptic.

The binding on the copy submitted to us is not well done, but the type and paper are good.

TOXICOLOGY.—The nature, effects and detection of poisons, with the diagnosis and treatment of poisoning. Cassius M. Riley, Professor of Chemistry in Barnes University and Dean, of Barnes College of Pharmacy, St. Louis. Second Edition, 12 mo. cloth, brevier pp. 122 plus index. St. Louis, L. S. Matthews & Co. 1904.

This is a very concise handbook of toxicology, useful for simple reference rather than for extended study.

MIND AND BODY:—Hypnotism and suggestion applied in therapeutics and education by Alvan C. Halphide, Professor of Medicine in the Hahnemann Medical College of Chicago cloth, 12mo. pp. 231. Illustrated by half tones of photographs. For sale by Lewis S. Matthews & Co., 2623 Olive St., St. Louis. Third edition, 1901.

It is a good thing to read a book on mental treatment now and then just to keep us from becoming lost in the mazes of pharmacology, and this book is not yet out of date. This book with Hudson's Laws of Psychic Phenomena should be on the shelves of those physicians who wish to keep themselves broad and untrammeled.

GENERAL SURGERY by J B. Murphy, Professor of Surgery in the Northwestern University Medical School, Chicago. Being volume II of the Practical Medicine Series of Year Books (Ten volumes, one issued each month) Cloth, 12 mo , pp. 527 (plus index) Chicago. The Year Book Publishers, 40 Dearborn St., 1905. Price (this volume) $1.50.

This is a valuable review of the year's literature, especially American, on surgical subjects. It is certainly much pleasanter to read up here the advances in gall bladder surgery than to hunt up the various journals and reprints in which the original reports are contained. The idea of this review work seems to be growing for we have now besides the series before us other series, all of which are growing in popularity.

We recommend the idea to our readers; for we believe that the $5.50 spent for this series would do the general practitioner more good than three weekly journals at $5.00 each.

Dr. Murphy has selected from the year's literature the better articles and given these rather in detail instead of merely abstracting the multitudinous effusions of the year. For this we commend him. The greatest advances during the year have been made in operations on the pancreas, stomach, nerves (anastomosis) and in surgical technic. We are coming to the day when the ability to do a neat piece of work will be appreciated, when to be a surgeon, a man must needs have served from three to six years of apprenticeship. A wide reading of this little book by the general practitioners will hasten that day, because they then will be able to criticise the work of men who solicit their surgery.

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Notice.—*To those physicians to whom I have written soliciting their surgery and offering a percentage of the amount of fee received.*

Immediately preceding my writing such letters I received from other surgeons, seemingly of good standing, the same kind of letters and I thought that was the proper method of doing business.

After being severely reprimanded several times I investigated and found I had made a bad mistake. I therefore cancel such offers and solicitations and shall try to live more nearly in accord with the ideas of the best members of our profession.

Respectfully,

Wichita, Kansas, March 17, 1905. C. T. JONES,

Dr. William T. Councilman of Harvard has been elected as Dr. Osler's successor at Johns Hopkins. Dr. Councilman graduated from the University of Maryland and has been professor of pathology in Harvard since 1892.

Dr. Edwin P. Gilpin who graduated at Indianapolis in 1876 died at Oberlin, March 6, from cerebral hemorrhage, aged 56.

THE HALL OF FAME.

During this year there ought to be four physicians added to the list of worthy dead; in the Hall of Fame in New York; and there will be if each reader will check four names on the list below, then tear out the leaf and send it to this office at once. The nominations close April 15th.

BENJAMIN RUSH

1745–1815, Pennsylvania. Educated Princeton and Edinburgh. Professor chemistry Med. Coll., Phila. (1769). Author of essays on Slavery, Temperance, etc., (1771) oration "Medicine and North American Indians" (1774). Member Continental Congress and signer of Declaration of Independence (1776); Physician to Port of Philadelphia (1790-1793); wrote Medical Inquiries, 5 vols. (1789-98) Treasurer U. S. Mint (1799); wrote Diseases of the Mind (1812). ☐

J. MARION SIMS

1813–1883 Alabama. Conceived and performed the first operation (1845) for the cure of vesico-vaginal fistula. Invented the Sims speculum (1852) which is still in use. Performed his operation with the greatest eclat in all the capitals of Europe. Founded (1855) of great Woman's Hospital in New York City. Granted LL. D. (1881) by Unl. of Penna. ☐

VALENTINE MOTT

1785–1865 New York. In many respects the greatest surgeon this country ever produced. The first (1818) to tie the innominate artery and did more surgery on the large blood vessels than any other man who has ever lived. First to extirpate the clavicle for tumor. Translated Velpeau's "Operative Surgery," a large and very valuable work. ☐

JOHN COLLINS WARREN

1778–1856 Massachusetts. First Professor Anatomy and Surgery in Harvard. Patron of first administration of ether for a surgical operation. Founder of the Boston Medical and Surgical Journal. ☐

DAVID RAMSAY

1749–1815 South Carolina. Benjamin Rush said of him. "I never saw so much strength of memory and imagination united to so fine a judgment." Delegate to the Continental Congress (1776.) Wrote "History of the Revolution in South Carolina" (1785) "History of the American Revolution" (1789) "Life of Washington" (1807) "History of the United States" (1816-19). ☐

WILLIAM T. G. MORTON

1819–1868 Massachusetts. On Oct. 16, 1846 first administered ether to a surgical patient, in the Massachusetts General Hospital, Boston. He devoted the remainder of his life to extending the influence of his wonderful discovery. French Academy of Sciences in 1852 investigated various claims to the discovery and awarded Dr. Morton 2500 francs for having discovered the application of etherization to surgery. ☐

OLIVER WENDELL HOLMES

1809–1894 Massachusetts. Professor of Anatomy, Harvard Medical School (1847–1882). First to call attention to the contagious character of puerperal fever. Coined the terms "anesthetic" and "anesthesia." Best known, however, and most loved for his poems and prose writings, which are too numerous to mention here. "Medical Essays," "Currents and Counter Currents," "Autocrat of the Breakfast Table," "The Chambered Nautilis," are best known. ☐

PLEASE SIGN YOUR NAME.

Spring Medicine—In the spring the organs of elimination do not possess their usual activity on account of having become clogged by the accumulation of poisonous and perverted secretions during the winter months when the skin neglects its duties and the kidneys are overworked.

The symptoms which arise from this condition are very similar to those of malaria, but as the causes are not alike in the least, the treatment should be entirely different, a fact which is often overlooked.

The Tongaline preparations by arousing the absorptive powers of the various glands which have been clogged and by their stimulating action upon the liver, the bowels, the kidneys and the pores, cause these organs to perform their proper functions, thus restoring at once the equilibrium of the system.

Where there are indications of any excess of uric acid, Tongaline and Lithia Tablets (Tongaline 5 grs., Lithium Salicylate 1 gr.) will be found much more effective and satisfactory than lithia alone or lithia waters which contain but a very small, indefinite and variable quantity of lithia salt.

If there are any evidences of malaria, Tongaline and Quinine tablets (Tongaline 3½ grs., Quinia Sulph. 2½ grs), will promptly and thoroughly correct the trouble and overcome any tendency to periodicity.

In Tongaline all the salicylic acid is made from the purest natural oil of wintergreen, the only kind that should be administered internally, as the synthetic product weakens the heart and depresses the entire system.

Listerine Dermatic Soap.—The Lambert Pharmacal Co. has lately inaugurated a new venture in the way of an antiseptic soap which possesses the virtues of Listerine in so far as a soap may. It is only a matter of recent years that especial attention has been given to producing soaps which shall possess a degree of curative power in diseases of the skin and in the care of surgical conditions. A considerable variety of such soaps is now on the market and the mission of the lot is wide; it is safe to say that Listerine Dermatic Soap will prove one of the most serviceable, and will soon make for itself a popularity with the profession in keeping with that which has been established by Listerine.—*Medical Fortnightly*, Jan. 25, 1905.

Poultices—In a recent notification by the surgeon general of the U. S. Army, it is asserted that all the good results from poultices can be obtained in a more cleanly way by the use of wet hot compresses. Hence the order to the army surgeons to drop linseed and linseed meal from army medical requisitions.—*Virginia Medical Semi-Monthly.*

"We highly approve of this order as far as discarding poultices made of putrescrible and bacteria-breeding materials is concerned, for that is what has been done by all up-to-date physicians in private practice, but we can hardly recommend the substitute offered.

We supposed that every one in this enlightened age was using Antiphlogistine in all such cases because of its advantages over everything else in permanency, efficiency and cleanliness. Compare Antiphlogistine, renewed but once a day, with hot compresses renewed every twenty minutes and we cannot imagine any one using compresses when Antiphlogistine is available."—(Comment of the Denver Chemical Company.)

Exopthalmic Goitre.—In 1894, Lantz treated two exopthalmic-goitre patients with milk from thyreoidectomized goats. The results were so favorable that the treatment was applied to four other patients, all of whom as a consequence showed marked improvement and gain in weight.

In 1894 Drs. Ballet and Enriquez took the blood of thyreoidectomized dogs that had lived long enough to experience the blood-changes which loss of thyreoid function is sure to entail—and injected that blood into patients suffering from exophthalmic goitre. The results were so encouraging that other practitioners soon adopted the method, or a modification of it. The *Deutsche Medicinische Wochenschrift*, No. 38, 1899, contained a report of three cases of exophthalmic goitre, in the practice of Dr. Burghart, that improved under the treatment, two of them decidedly. Dr. Burghart did not confine himself to the use of injections, but administered a dried alcoholic extract of the blood.

Later, a Darmstadt chemical house prepared a serum from the blood of thyreoidectomized sheep, which, administered to patients who had exophthalmic goitre, produced a good effect; it was given both per os and subcutaneously.

A patient of Schultes (*Munch. Med. Woch*, No. 20, 1802) in whom the symptoms of exophthalmic goitre had been in evidence for four years, with pronounced psychic disturbance at times, is said to have been completely cured in two months by the use of gradually increasing doses of the serum (from the blood of thyreoidectomized sheep.)

In 1901 Mobius (*Munch. Med. Woch.*, Jan. 27, 1903), proposed the preparation of a serum from the blood of sheep, from which the thyreoid gland had been removed, to be used in the treatment of exophthalmic goitre. He first injected 1 gramme of serum subcutaneously, but subsequently found that better results could be obtained by giving it internally. In his patients, all of whom had been treated for years with various remedies, the circumference of the neck was reduced, the goitre became smaller, and the patients slept better and were less agitated. It is not presumed that a cure can be established by this mode of treatment, but there seems to be sufficient ground to hope for beneficial results.

Messrs. Parke, Davis & Co. have prepared a dried product of the blood of thyreoidectomized animals, called "Thyreoidectin" which appears to produce the effects observed by Lantz, Modius, *et al.* In most of the cases in which it was tested the patients experienced much relief from restlessness, tremor, insomnia, and the usual train of nervous symptoms so generally observed. A gradual reduction of the pulse-rate and in the size of the gland was also noted.

"Sal Hepatica" is a scientific combination of Sodium and Lithium phosphates with the laxative salts of the "Bitter Water." It is very pleasant and most efficient in uric acid troubles and makes an agreeable effervescent drink when dissolved in water. Sal Hepatica is being extensively employed as an eliminant of irritating toxins in the alimentary tract. Unlike most saline laxatives, it is not in the least depressing but on the contrary it is a physiological tonic. "Sal Hepatica" is one of the very few laxatives that are permissable in any form and in all stages of kidney diseases for it is positively non-irritating even when exercising a diuretic and depurating action. Samples from Bristol-Myers Co., 277 Greene Ave., Brooklyn, N. Y.

An Eligible Combination—A number of years ago Dr. James J. Sullivan (University Medical College) New York City, applied the remark, "An Eligible Combination" to a then new preparation of well known synergetic remedial agents. It is almost unnecessary to state that the preparation to which he referred is now well and favorably known as Antikamnia and Codeine Tablets, each tablet containing $\frac{1}{4}$ grain codein and $4\frac{3}{4}$ grains antikamnia. *A fact which should not be overlooked, is that the codeine used in this tablet is specially prepared and purified, is non-constipating, and does not induce a habit. These are some of the particularly advantageous features of the Antikamnia Chemical Company's codeine and are well worth bearing in mind.*

In the harrassing cough of phthisis, or in the pain of pleuritis, in the painful sensation accompanying bronchitis when the tubes are dry and irritable—as they usually are—the blending of the two drugs composing Antikamnia and Codeine Tablets will not be found wanting in action, but will give results that are gratifying to both the patient and the medical attendant. This tablet is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, in the vast majority of cases, is promptly and lastingly decreased, and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve and this tablet does the work. In addition it controls the violent spasms accompanying the cough, which are so distressing.